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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	R	ATTORNEY DOCKET NO.		CONFIRMATION NO.
19/562,236 ITTLE OF INVENTION	06/28/2006 : CARRIER PROTEINS	FOR VACCINES	John Kim		OI	0518-105055	3316
APPLN. TYPE	SMALÍ, ÉNTIFY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	EFEE	TOTAL FRE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0		\$1810	06/17/2011
EXAMINER		ART UNIT	CLASS-SUBCLASS	1			
SHAHNAN SHA	MI, KHATOL S	1645	424-239100				
Change of corresp Address form PTO/SI Thee Address form PTO/SI PTO/SB/47: Rev 03-0 Number is required. ASSIGNEE NAME A. PLEASE NOTE: Uniterordation as set forti	ess an assignee is ident to in 37 CFR 3.11. Comp 3NEE	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. HE PATENT (print or type) lata will appear on the patent. If an assignee is identified below, the document has been filed for a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY)					
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